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FACSIMILE TRANSMISSION

1/16/08

TO: Cheryl Lewis

ATTN: _____

FAX NO.: 571-273-4113

TELEPHONE: _____

FROM: David E. Moore

RE: _____

YOUR REFERENCE: _____

OUR DOCKET: 1448,1051

NO. OF PAGES (Including this Cover Sheet)

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COMMENTS:

Received 01/24/08

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Docket No.: 1448.1051

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Yoshinori KATAYAMA et al.

Serial No. 10/780,597

Group Art Unit: 2167

Confirmation No. 3379

Filed: February 19, 2004

Examiner: Cheryl R. Lewis

For: METHOD OF AND APPARATUS FOR DISPLAYING PERSONAL CONNECTION
INFORMATION, AND COMPUTER PRODUCT**REQUEST FOR EXAMINER INTERVIEW**Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

If, after reviewing the Amendment filed on August 6, 2007, the above-referenced application is not placed in a condition suitable for allowance, the Examiner is requested to contact the undersigned prior to the next Office Action to arrange for an Examiner Interview.


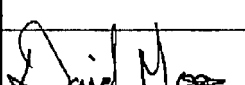
Respectfully submitted,

STAAS & HALSEY LLP

Date: 8/6/07By: David E. Moore
David E. Moore
Registration No. 59,0471201 New York Avenue, NW, 7th Floor
Washington, D.C. 20005
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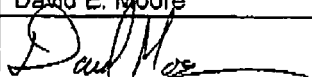
BASIC FEE		\$	790.00
Since an Official Action set an <u>original</u> due date of <u>July 6, 2007</u> , petition is hereby made for an extension of time to cover the date this RCE is filed, for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months (\$1,590)); (5 months (\$2,160)).			
Suspension Fee (\$130.00)			
Total of above Calculations =		\$	790.00
Reduction by 50% for filing by small entity (Note 37 C.F.R. 1.9, 1.27, 1.28).			
TOTAL FEES DUE =		\$	790.00
4. <input type="checkbox"/> Small entity status: a. <input type="checkbox"/> Verified Statement Claiming Small Entity Status. b. <input type="checkbox"/> A Verified Statement Claiming Small Entity Status was previously filed and such status is still proper and desired. c. <input type="checkbox"/> is no longer claimed.			
5. <input type="checkbox"/> Other:			
6. METHOD OF PAYMENT			
<input checked="" type="checkbox"/> A check in the amount of \$ <u>790.00</u> is enclosed.			
<input type="checkbox"/> Charge "TOTAL FEES DUE" to Deposit Account No. 19-3935. (A duplicate copy of this form is enclosed.)			
7. GENERAL AUTHORIZATION			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit any overpayment or charge any additional fees under 37 C.F.R. 1.16 (filing fees) or 37 C.F.R. 1.17 (processing fees) during the prosecution of this application and of any related application(s) claiming benefit hereof pursuant to 35 U.S.C. §120 to maintain pendency hereof and of any such related application to: Deposit Account No. 19-3935.			
8. CORRESPONDENCE ADDRESS			
STAAS & HALSEY LLP  21171 PATENT TRADEMARK OFFICE			
9. SIGNATURE OF ATTORNEY OR AGENT REQUIRED			
NAME	David E. Moore	REGISTRATION NO.	59,047
SIGNATURE		DATE	8/6/07

The PTO did not receive the following
listed item(s) CK for \$790

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S&H Form: (02/05)

REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.	1448.1051		
		Application Number	10/780,597		
		Filing Date	February 19, 2004		
		First Named Inventor	Yoshinori KATAYAMA		
		Group Art Unit	2167		
AMOUNT ENCLOSED	0.00	Examiner Name	Cheryl R. Lewis		
FEE CALCULATION (fees effective 12/08/04)					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	18	- 20 =	0	X \$ 50.00 =	\$ 0.00
INDEPENDENT CLAIMS	3	- 4 =	0	X \$ 200.00 =	0.00
Since an Official Action set an original due date of July 6, 2007, petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months					
If Notice of Appeal is enclosed, add (\$500.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 0.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
TOTAL FEES DUE =					\$ 0.00
(1) If entry (1) is less than entry (2), entry (3) is "0".					
(2) If entry (2) is less than 20, change entry (2) to "20".					
(4) If entry (4) is less than entry (5), entry (6) is "0".					
(5) If entry (5) is less than 3, change entry (5) to "3".					
METHOD OF PAYMENT					
<input type="checkbox"/> Check enclosed as payment.					
<input type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below.					
<input checked="" type="checkbox"/> No payment is enclosed.					
GENERAL AUTHORIZATION					
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:					
Deposit Account No.		19-3935			
Deposit Account Name		STAAS & HALSEY LLP			
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.					
SUBMITTED BY: STAAS & HALSEY LLP					
Typed Name	David E. Moore		Reg. No.	59,047	
Signature			Date	8/6/07	

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